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T. LEMEUX



COVER LETTER

FO: Amendment Section Division of Corporations
NAME OF CORPORATION: Florida All-Pid Irrigation Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexandra Cook Name of Contact Person Florida All-Polly Child Inc Firm/ Company 8790 Holly Child #202 Address Tamarac FL 33321 City/ State and Zip Code Florida all polymach on Communication
For further information concerning this matter, please call:
Alexancor Cook at (404) 5937413 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment

to

	ncorporation - f
Florida All-Pm	irriadtion Inc
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P17000022863	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/ N	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	NIA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address: N/A	Florida T
	(City) (Zip Code) Sun
	(City) (Zip Code) (List)
New Registered Agent's Signature, if changing Registered Agei	nt:
I hereby accept the appointment as registered agent. I am familia	
	NIA
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	5	Adam Gurrieri	890
<u>✓</u> Add			8930 W State Rd 84#216 Davit, FL 33324
Remove			David, FC 5732
2) Change	I	Denise Rifkind	8790 Holly C+ #202 Tamarac, FL 33321
_✓ Add			1011101010 1 0 00 00 1
Remove			
3) Change			<u> </u>
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending Attach additi	or adding additionational sheets, if necess	al Articles, enter of sary). (Be specif	change(s) here: lc)			
	N	IA	<u></u>			
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		***	•			
provisions 1	ment provides for a for implementing th applicable, indicate N	e amendment if n	ot contained in t	ncellation of issue he amendment its	d shares, elf:	
		· · · · · · · · · · · · · · · · · · ·				

1
The date of each amendment(s) adoption: JWC 19 2011, if other than the
date this document was signed.
Effective date if applicable: JUNE 14th 201 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated JUNE 14th 2017
Signature 10000
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Alexandra Cook
(Typed or printed name of person signing)
Vice President
(Title of person signing)